

Leading to well-being

The 5 key elements of healthy leadership

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INTRODUCTION

My hypothesis is that the qualities that produce well-being among physicians in today's health care environment are synonymous with the qualities that produce effective leaders in health care and other parts of our society. In fact, a more radical restatement of this proposition is that the absence of these qualities in an individual physician leads to dis-ease and dysfunction. This belief is borne out of my observation that the leadership task confronting physicians is a large and psychologically rooted undertaking.

TRADITIONAL SYSTEM OF CARE

In the traditional system of care, virtually all of the decisions and much of the work related to health and well-being were left to an exchange between physician and patient. This individually mediated exchange produced much well-being for patients and a satisfactory—if demanding—professional life for physicians. But it was, and remains, expensive. By focusing exclusively on the one-to-one relationship between patient and physician, it also missed a great opportunity to improve the health of patients by using population or systems resources.

In the traditional system, the physician's leadership position was unchallenged because it was transacted in an environment of individual exchanges with patients, staff, and colleagues. In few, if any, of these relationships was a physician's judgment, decision making, or leadership questioned. Operating in such splendid isolation, without effective feedback as to what worked and what did not, physicians understandably came to believe their own press.

Moreover, the traditional system was run on a cost-plus-reimbursement basis with little effective control, so that if the approach to care was inefficient, the physician had no way to get that information or act on it even if it was available. The fact that physicians have always worked hard was also part of the trap. Hard work and apparent success led to the conclusion that the pattern of professional practice and work was right and true. Such insularity was a trap, and it does not serve today's physician.

THE CHALLENGE TO PHYSICIANS

The challenge physicians face is not how to give up their traditional role of leadership or whether to give in to managed systems of care. Instead, the task is to come to understand that this emergent system of care demands many things that are different from what was valued in the recent past. And more than just individual success is at stake. At the heart of this accommodation and learning is the

source of well-being. This is where well-being and leadership come together.

LEADERSHIP AND WELL-BEING

Discussions of physician leadership often occur in the context of leading large institutions. As important as this is, it can account for only a small fraction of the transformations that must occur within the physician community for it to recapture its traditional leadership mantle. For real leadership to come forth from medicine, it must be a grass roots movement through which rank-and-file practitioners come to appreciate the new framework of health care and develop the skills to master it. Nothing else will remove or reduce the stress that produces the dis-ease in the health care system today.

Antonovsky in his classic assessment of "salutogenic" (health-promoting) approaches to well-being identified 3 characteristics shared by large populations that remained healthy despite the routine of insults thrown into their daily life.¹ These populations shared 2 qualities: the ability to truly understand the problems that confronted them, the resources to proactively address these problems, and a sense of meaning that transcended both the individual and the problem. These are also the core elements of effective leadership. To develop leadership of this sort, physicians must attend to 5 competencies that may have atrophied over the past 40 years (see box).

THE PATHWAY TO SELF-KNOWLEDGE

Effective leaders know themselves and are effective at deploying their strengths and improving or minimizing their weaknesses. The pathway to self-knowledge involves perspective, reflection, and focus. Some achieve perspective by looking inward, but few of us have the honesty or courage to shine a light in the direction of the soul. The best perspective comes from candid and frequent feedback from people with whom we work most closely. Just as the

Competencies that physicians need for effective leadership

- Self-knowledge
- Strategic action
- Communication
- Creativity
- Managing change

new science of outcomes seeks continuous input around performance, leadership must seek out the same type of assessment in an ongoing manner. Once the feedback streams in, it must be processed by reflection. Several key questions should be asked during such reflection (see box).

CHANGING BEHAVIOR

Using these questions to process the experience, leaders focus on changing behavior to improve effectiveness. If discreet changes that will be made in how the leader behaves with others are not identified, leadership skills will not improve.

Internal acknowledgment of the need to change is fine, but only when behavior is altered is leadership improved. One of the best ways to change the behavior of leaders is to assess it regularly with candid, anonymous feedback from co-workers. Physicians find this step difficult. They have been socialized to be independent decision makers and to not question their or other physicians' judgment. To gain self-knowledge, they must give up this approach and model a new responsiveness and openness to input. Without such an approach, they will have enormous blind spots that prevent them from seeing and reflecting on their own behavior and will suffer considerable stress as they fail to understand how they contribute to the problem.

TAKING STRATEGIC ACTION

Activity that is purposefully attuned and aligned with the demands of the external environment is effective strategic action. Four key elements come together to make action strategic: clarity of purpose, understanding the external world, balancing the big idea with daily decisions, and shaping the vision.

Clarity of purpose and values

Most of health care has had the luxury of having broad purposes and indiscriminate values. Today health care requires a well-crystallized focus that can generate "mission critical" guidance when moving strategically. A leader who is clear about aim and direction is better able to understand what should be of value.

Understanding the external world

Effective strategic action demands that the leader understand the ways that the external world is changing. This means openness to that world and a curiosity about what motivates the changes. The ability to think and act strategically and in real time is one of the important elements of those who can survive and even thrive as the world changes.

Balancing the big idea with daily decisions

Strategic action implies the ability to balance the large all-encompassing idea and to translate that idea into the

Questions to ask when you are given feedback as a leader

- What worked and what did not?
- Why did this happen?
- What lessons can be extracted from success and failure?
- What can be done differently?

100 or so decisions that leaders make daily. Translating the grand idea to small steps is critical for success.

Shaping the vision

Strategic action involves shaping and sharing a vision of purpose that can motivate others to act. One of the best ways to gain such participation is by inviting others to help shape the vision.

COMMUNICATION

Knowing oneself and even seeing the challenge strategically are not enough. Effective leaders also have to communicate both of these qualities to others. Communication moves in 2 directions: inward and outward.

Externally, the leader must act as a synthesizing machine, constantly projecting the purpose of the organization out to possible partners, clients, stakeholders, and even enemies and gathering from them the vital information that is needed to alter and redirect strategy. As this evolves, it must be communicated inwardly, sharing with those who are being led what is to be done and, even more important, why it is to be done. This usually means changing complex reality into simple messages that explain and motivate. Physicians have not had to communicate much in the past or not much at the organizational level. The practice of medicine did not need a lot of explanation—it was what it was. In our new world, physicians as leaders become more skilled at learning from the external landscape and more conscious of their critical role of translating this world into an internal reality.

CREATIVITY

The importance of creativity stems from the complex issues in health care and the need to approach these from new perspectives. Most changes in health care to date have been unoriginal and myopic. Take a typical attempt in an ambulatory practice to achieve higher levels of clinical performance, both in terms of quality and efficiency. A standard response is to move from 20-minute clinic appointments to 15 minutes. Rarely are broader questions asked as to whether the proper previsit screening has been done, whether other providers could help, whether other forms



The Stock Market

Healthy physicians will embrace the new kinds of leadership

of communication—like e-mail or telephone—could be used, or whether the patient has been fully involved to gain his or her participation in identifying and perhaps even addressing the problem. The standard response from physicians has been that time will not allow for all these other approaches. But is time really the culprit that prevents physicians from adopting new approaches? Or is it a lack of creativity? We like the familiar, and change is difficult. But today, health care requires that its leaders be willing to bring the full force of their creativity to much that they do. Leaders bring in ideas from the margins—those that would be typically cast aside by the central authorities. They relate them to the purpose of the organization, and they give them time to mature and bear fruit.

MANAGING CHANGE

Finally, health care leaders must manage change in a way that can be sustained over time, not just temporarily. The first 4 skills are essential to managing change. But in addition, the effective leader must anticipate conflict and manage it well. Any change worth bringing about in health care will produce conflict. Someone will have to give up something, and that will engender pain, dislocation, and resulting conflict. There is no easy resolution, but there is effective management. One way to improve this process is by sharpening how decisions are made. As

power, roles, and systems in health care change, it becomes increasingly difficult to use a single style of decision making with success. What is required is sensitivity to the needs of time, quality, and other elements that are unique to each decision. Factoring decisions and deploying the most advantageous style of involving others, or not, go a long way to defusing conflict. Change is also managed well by creating and using teams more effectively. It is difficult for any traditional leader to cede power to a team, but often the team is better positioned to understand, create, and value the work if they direct it from the start and do not receive it as an assignment.

CONCLUSIONS

Well-being through leadership means well-being by giving physicians the skills to be effective in new surroundings. Too often physicians are still trying to hold a position or play a role with skills and attributes that simply do not connect with a world turned upside down. One tact has been to try to change the world. This seems a thankless task, but it is certainly more courageous than cursing the changed circumstances of the new world. The real courage and, I believe, the pathway to well-being for physicians is taking the call to this new type of leadership seriously. The path is not an easy one and will certainly require an openness and commitment to change. But of the alternatives, it is the only one that offers the chance for a rebirth in leadership from medicine.

RESOURCES

The Center for the Health Professions at University of California, San Francisco, has a number of resources, including its Health Care Leadership Institute, cosponsored by the California Academy of Family Physicians. They can be reached at <http://www.futurehealth.ucsf.edu>. A general leadership resource is the Center for Creative Leadership at <http://www.ccl.org>.

Some leadership texts that are valuable:

- Collins J, Porras J. *Built to Last*. New York: Harper; 1994.
- Gladwell M. *The Tipping Point*. New York: Little Brown; 2000.
- Heifetz R. *Leadership Without Easy Answers*. Cambridge, MA: Belknap; 1994.
- Johnson S. *Who Moved the Cheese?* New York: Putnam; 1998.
- Mintzberg H. *Strategy Safari*. New York: Free Press; 1998.

Author: Trained in history and public policy, Edward O'Neil is the former executive director of the Pew Health Professions Commission. His work has focused on the role of leadership in health care.

Reference

- 1 Antonovsky A. *Unraveling the Mystery of Health*. San Francisco: Jossey Bass; 1987.